2009 Calendar Year





COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

Amended

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Maine Ethics Commission by 5:00 p.m. on April 16, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

EMPLOYEE INFORMATION

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Name		Title			
Brenda M. Harvey	enderwerk (z. 1. 1. 1.) En vere et ender het et en verk et en vere en vere en vere en vere en vere et en vere	Commission	er		
Department/Agency/Bureau/Division		Work Phone	Work Phone		
Department of Health and Human Services Mailing Address, City, ZIP		(207) 287-	(207) 287–4205		
221 State Street, #11 State House	Station, Augusta, ME	04333-0011			
PART 1. INCOM	IE DERIVED FROM EMPLOYN	MENT BY ANOTHE	iR		
List the name and address of each employer fro economic activity of each employer.	m whom you received compensal	tion of \$1,000 or mo	ere. Specify the principal type of		
None None	\$				
Name of Employer	Address	Pr	incipal Type of Economic Activity of Employer		
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	gimen meneral pada dalam d	элгэг айлайгайн байг байг байн хойн хон хорог хорог Э	s_{m+1},s_{m		
PART 2. INCOME DER	RIVED FROM SELF-EMPLOYM	ENT OR LAW PR	ACTICE		
A. List the name and address of your business or	law firm, if any, and list the major	areas of economic a	ctivity or practice from which you		
derived income. If associated with a partnership, f activity or practice of that entity.	firm, professional association, or sin	milar business entity	list the major areas of economic		
None	The second secon	(14 CTTT) of 15 11 14 CTTT (15 CTTT) or 15 CTTT	en en maner egne projektem dem en		
Name and Address of Business Entity or Law	Firm Major Areas of Econ Practice (s	omic Activity/	lajor Areas of Economic Activity/ Practice artnership, association, firm or similar		
	got to comment to comment of the transfer of the comment of the control of the co	Дистем в при	business entity)		
Name:					
Address:		:			
Name:					
Address:					

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or pra- whichever is greater, and specify the principal type of economic activ form of disclosure is prohibited by law, rule, or an established cod activity of the entity or person from whom the income was derived.	ity of the entity or person from wh	om you derived such income. If this
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:	A PARTICULAR OF THE ANALYSIA AND ANALYSIA ANALYSIA AND ANALYSIA AND ANALYSIA AND ANALYSIA AND ANALYSIA AND AN	When the Proceedings of the real works, but I have a few devices of the first A hand to be a second distribution to the real works of the few devices of the few devi
Address:		
PART 3. OTHER SC	DURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts	or honoraria. If none, check the
None	armatik (P. N-B) (P. D-B) (B) Bild Lumbondo et seld et et brechtel (B) D-B) (P. D-B) (Lubbondo Library), (
Name and Address of Source	Land Little (Little (Copy of 17 to 17 to 18 to 19 to 1	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	and the section of th	(gipteen sepropsis and authoritis (ill ill ill ill ill ill ill ill ill il
Address:		
Name:	kumba 20-manya) 23-bahara an Ardada an amangan an amanya an anangan an a	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Address:		
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card! made as campaign contributions, or business loans from regulated fin	iabilities, or educational loans, lo	ans from a relative, loans that were
X None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. REPO	RTABLE GIFTS	
List the specific source of gifts received during the reporting period wit	h an aggregate value of more tha	n \$300. If none, check the box.
∑ None		
Name of Source of Gift 1.	Name of	Source of Gift ####################################
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PART 6. R	EPORTABLE HONORARIA
List the source of any honoraria accepted for appearances or	r speeches related to your official capacity or duties. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 7. REPRESEN	TATION BEFORE STATE AGENCIES
List each executive branch agency before which you or compensation of any amount other than your official salary none, check the box.	r a member of your immediate family represented or assisted others for . Indicate whether you or a family member appeared before the agency. If
None	
Name of Agency	Name of Agency
1.	1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +
1.	3 .
2.	4.
	NESS WITH STATE AGENCIES
List each executive branch agency to which you or a memb	per of your immediate family sold goods or services with a value in excess of a family member sold the goods or services. If none, check the box.
	a ranning member sond the goods of set vices. If none, check the box.
Name of Agency	Name of Agency
1.	3.
Harbogen mand strengt and the strength and the strength of the	
2.	4.
•	
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of	of income of \$1,000 or more received by your spouse or domestic partner or
dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only not include gifts.	d of income represented. If your spouse or domestic partner received \$1,000 the job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Portess and Jak Till-	Type of Economic Activity
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Kind of Income Received
Name: David Lawlor	1. Non-profit Social 1. Employment
Evacutiva Director	2. Services 2.
Job Title: Executive Director	3.
STANDANG MARIEMATINA TANDANG MARIEMATINA TANDANG MARIEMATINA TANDANG MARIEMATINA TANDANG MARIEMATINA TANDANG M	
Dependent Child(ren) - Job Titles Only	
Soporation Children Con Flags Only	
Job Title: Student Intern Technology	Employment
Job Title:	
Job Title:	

245 Commercial St. M Suite 201	. Indicate whether yo	ou or a family held	the position and wh	
Organization/Business and Address Health Information Network 245 Commercial St. M Suite 201	oard	By:	. Name	sated?
Organization/Business and Address Health Information Network 245 Commercial St. Suite 201	oard	By:	. Name	sated?
245 Commercial St. M Suite 201	1	Self	N/A	No
	Service and principles of the service of the servic		n the state of the	
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	GNATURE			
affirm that the contents of this report are true, complete an	d accurate to the b	est of my knowle	edae	
Signature Subscribed and sworn (affirmed) to before me this 19	day of Agn	4/13/1	0 rate	
Signature of Notary Public/Attorney at law Sulliv	me Tike	elle-		
My commission expires 411 2014 (Seal is optional) (Date)		KATHERINE L	EE VEILLEUX State of Maine Expires 4/1/2014	
	Δ : : ENEM & 19438Λ Δ 1 1 (* 1 N		anti vati Ve av Gale (Aiii)	Andrew William Co.
ADDITION.	destamane variante de la fatal de la f	hari, arquiti titi taran u vrimoj fi a ushima titubili fa mimiti u va a u v	ånnere har grade angre år en med et broke til broke en at til med et militet i 1988	errenen erroran errora
ADDITION. Please provide any additional information below (and on acthe information you are providing. Use additional pages, if	dditional sheets if r	eeded). Indicate	e the part or section	on number for

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